Army Suicide Prevention Action Planning

January
2010

Situation:

- In April 2009, the Vice Chief of Staff of the Army (VCSA) launched the Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention (ACPHP) with the intent of taking a strategic approach to mitigating suicides and high-risk behaviors across the Army. The VCSA created the Army Suicide Prevention Task Force (ASPTF) and Army Suicide Prevention Council (ASPC).

- Annex D to the ACPHP provided installation, garrison and military treatment facility commanders a list of critical actions and tasks they to immediately confront the problem of suicide in our Army community.

- ALARACT Task PO 1 1 1 ASPP Checklist 23 Sept 09 provided stakeholders such as commanders, Suicide Prevention Program Managers, and healthcare providers with a link to a "Suicide Prevention Program Compliance Checklist" (HTTP://WWW.ARMYG1.ARMY.MIL/HR/SUICIDE/DEFAULT.ASP) intended to provide a means to evaluate existing suicide prevention programs in accordance with the new policies and guidance contained in Rapid Action Revision Publication of AR 600-63, DA PAM 600-24, and Annex D of the Campaign Plan.

- HQDA EXORD 256-09 directed ACOMS, ASCCS, their DRUs , and Theater-Specific commands to develop and implement a command-level Suicide Prevention Action Plan within their commands to nest within the ACPHP in order to provide proper training and oversight of ASPP activities within their organizations.

Mission:

- HQDA EXORD 256-09 directed commands to identify and integrate activities at the local level that must be executed to support the ASPP program:

  3.C.1. (U) COMMANDS SHOULD IDENTIFY AND INTEGRATE ACTIVITIES AT THE LOCAL LEVEL THAT MUST BE EXECUTED TO SUPPORT THIS PROGRAM. THE SPAP SHOULD CONTAIN THE FOLLOWING ELEMENTS:

  3.C.1.A. (U) MEASURABLE ACTIONS THAT INTEGRATE ALL RESOURCES FOR HEALTH PROMOTION, RISK REDUCTION, AND SUICIDE PREVENTION-RELATED PROGRAMS.

  3.C.1.B. (U) FORMAL PROCESSES TO ASSESS, REPORT, AND MEASURE THE EFFECTIVENESS OF STRATEGIES AND MARKETING/ADVERTISEMENT AND MECHANISMS TO ADJUST STRATEGIES BASED ON LESSONS LEARNED.

Mission

- 3.C.1.C. (U) A FORMAL SYSTEM OR PROCESS TO COMPARE AND SHARE POLICIES, PROGRAMS, AND SERVICES WITH OTHER COMMANDS TO IDENTIFY AND INCORPORATE "BEST BUSINESS PRACTICES."

  3.C.1.D. (U) ACTIONS THAT FORMALIZE AND ASSESS THE EDUCATION AND TRAINING PROVIDED TO SOLDIERS, DA CIVILIANS, AND FAMILY MEMBERS AND TRACK COMPLIANCE OF REQUIRED TRAINING. SPAPS SHOULD INCLUDE SPECIALIZED TRAINING FOR MENTAL HEALTH PROFESSIONALS AND CHAPLAINS.

Execution:

2. Identify tasks to achieve each goal
3. Establish timelines for achievement of tasks
4. Assign responsibility for each task
5. Establish governance and reporting
6. Measure progress toward goals
1. Assess state of each goal on ASPP Checklist
Developing an action plan at the local level

Execution Phase 1:

- *Assess the current state of each goal on the ASPP checklist*; determine which goals apply to your organization, and which are partially met or not met
- For those goals which apply and which are partially met or not met, *identify the tasks necessary to meet the goals*, the *timeframe* for achievement of the tasks, and the criteria for measuring goal completion by creating “SMART” objectives:

SPECIFIC
MEASURABLE
ACHIEVABLE
REALISTIC
TIME CERTAIN

Execution Phase 2:

- *Assign responsibility* for each of the tasks
- Identify resources and personnel needed to achieve the tasks
- Set up a *governance*, tracking and reporting system and schedule to ensure tasks are completed and goals are met in a timely fashion to establish and/or maintain your Suicide Prevention Program
- Establish a periodic review mechanism to continually monitor and assess the effectiveness of your Suicide Prevention Program

Coordination:

- Existing Community Health Promotion Council (CHPC) or a separate Suicide Prevention Task Force Council (SPTFC) should meet regularly for coordination and governance of the program
- Membership should include:
  - CHPC coordinator
  - Suicide Prevention Coordinator
  - Risk Reduction Coordinator
  - Primary and Behavioral Health Coordinators
  - Representatives from ASAP, FAP, ACS (e.g. MFLCs, FRCs, AER), Chaplains, DES, CID , CAO, DPTMS, SJA, Safety, PAO, and subordinate command CDRS as appropriate